

***** 2011 MH/SA CONSUMER PERCEPTION OF CARE SURVEY QUESTIONS *****

Question Number	Question Name	Domain Class
2011AE North Carolina Adult MH/SA Survey (Adult Eng)		
01	I like the services that I received here	General Satisfaction for Adults
02	If I had other choices, I would still get services from this agency	General Satisfaction for Adults
03	I would recommend this agency to a friend or family member	General Satisfaction for Adults
04	The location of the services was convenient (parking, public transportation, distance, etc.)	Access to Service for Adults
05	Staff were willing to see me as often as I felt it was necessary	Access to Service for Adults
06	Staff returned my call in 24 hours	Access to Service for Adults
07	Services were available at times that were good for me	Access to Service for Adults
08	I was able to get all the services I thought I needed	Access to Service for Adults
09	Staff here believe that I can grow, change and recover	Quality and Appropriateness for Adults
10	I felt free to complain	Quality and Appropriateness for Adults
11	Staff told me what side effects to watch out for	Quality and Appropriateness for Adults
12	Staff respected my wishes about who is, and who is not, to be given information about my treatment	Quality and Appropriateness for Adults
13	Staff were sensitive to my cultural background (race, religion, language, etc.)	Quality and Appropriateness for Adults
14	Staff helped me obtain the information I needed so that I could take charge of managing my illness	Quality and Appropriateness for Adults
15	I deal more effectively with daily problems.	Outcomes for Adults
16	I am better able to control my life.	Outcomes for Adults
17	I am better able to deal with crisis.	Outcomes for Adults
18	I am getting along better with my family.	Outcomes for Adults
19	I do better in social situations	Outcomes for Adults
20	I do better in school and/or work	Outcomes for Adults
21	My symptoms are not bothering me as much	Outcomes for Adults
22	I was able to see a psychiatrist when I wanted to	Access to Service for Adults
23	I felt comfortable asking questions about my treatment and medication	Treatment Planning for Adults
24	I was given information about my rights	Quality and Appropriateness for Adults
25	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	Quality and Appropriateness for Adults
26	Staff encouraged me to take responsibility for how I live my life	Quality and Appropriateness for Adults
27	I, not staff, decided my treatment goals	Treatment Planning for Adults
28	My housing situation has improved	Outcomes for Adults
29	I do things that are more meaningful to me	Functioning for Adults
30	In a crisis, I would have the support I need from family or friends	Social Connectedness for Adults
31	I am better able to take care of my needs	Functioning for Adults
32	I am better able to handle things when they go wrong	Functioning for Adults
33	I am happy with the friendships I have	Social Connectedness for Adults
34	I have people with whom I can do enjoyable things	Social Connectedness for Adults
35	I feel I belong in my community	Social Connectedness for Adults
36	I am better able to do things that I want to do	Functioning for Adults
37	As a result of the services I have received, I am not likely to use alcohol or drugs that have not been prescribed to me.	Outcomes for Adults
38	The people I care about are supportive of my recovery.	Outcomes for Adults

Physical Health Questions (Optional)

PH1	In general is your health excellent, very good, good, fair or poor?	Physical Health for Adults
PH2	Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	Physical Health for Adults
PH3	Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?	Physical Health for Adults
PH4	During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work, recreation, etc.?	Physical Health for Adults
PH5	About how long as it been since you last visited a dentist for routine care?	Physical Health for Adults
PH6	About how long as it been since you last visited a doctor for a routine check up?	Physical Health for Adults
PH7	Have you ever been told by a doctor that you have asthma? Cancer? Diabetes? Heart disease? High blood pressure? High cholesterol? Stroke?	Physical Health for Adults
PH8	Do you smoke cigarettes every day, some days or not at all?	Physical Health for Adults
PH9	In a usual week, how many days do you do moderate physical activities such as walking briskly, biking, vacuuming, gardening or anything else that may increase your heart rate for at least 10 minutes at a time?	Physical Health for Adults

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Question Number	Question Name	Domain Class
2010CE Youth Survey (YSS) Youth 12-17		
01	Overall, I am satisfied with the services I received	General Satisfaction for Youth
02	I helped to choose my services	Treatment Planning for Youth
03	I helped to choose my treatment goals	Treatment Planning for Youth
04	The people helping me stuck with me no matter what	General Satisfaction for Youth
05	I felt I had someone to talk to when I was troubled	General Satisfaction for Youth
06	I participated in my own treatment	Treatment Planning for Youth
07	I received services that were right for me	General Satisfaction for Youth
08	The location of services was convenient	Access to Service for Youth
09	Services were available at times that were convenient for me	Access to Service for Youth
10	I got the help I wanted	General Satisfaction for Youth
11	I got as much help as I needed	General Satisfaction for Youth
12	Staff treated me with respect	Cultural Sensitivity for Youth
13	Staff respected my family's religious/spiritual beliefs	Cultural Sensitivity for Youth
14	Staff spoke with me in a way that I understood	Cultural Sensitivity for Youth
15	Staff were sensitive to my cultural/ethnic background	Cultural Sensitivity for Youth
16	I am better at handling daily life	Outcomes for Youth
17	I get along better with family members	Outcomes for Youth
18	I get along better with friends and other people	Outcomes for Youth
19	I am doing better in school and/or work	Outcomes for Youth
20	I am better able to cope when things go wrong	Outcomes for Youth
21	I am satisfied with my family life right now	Outcomes for Youth
22	As a result of the services I have received, I am not likely to use alcohol or drugs that have not been prescribed to me.	Outcomes for Youth
23	The people I care about are supportive of my recovery.	Outcomes for Youth
2010PE Youth Survey for Families (YSS-F) - Parent Survey For Youth <12		
01	Overall, I am satisfied with the services my child received	General Satisfaction for Parent of Child
02	I helped to choose my child's services	Treatment Planning for Parent of Child
03	I helped to choose my child's treatment goals	Treatment Planning for Parent of Child
04	The people helping my child stuck with us no matter what	General Satisfaction for Parent of Child
05	I felt my child had someone to talk to when he/she was troubled	General Satisfaction for Parent of Child
06	I participated in my child's treatment	Treatment Planning for Parent of Child
07	The services my child and/or family received were right for us	General Satisfaction for Parent of Child
08	The location of services were convenient for us	Access to Service for Parent of Child
09	Services were available at times that were convenient for us	Access to Service for Parent of Child
10	My family got the help we wanted for my child	General Satisfaction for Parent of Child
11	My family got as much help as we needed for my child	General Satisfaction for Parent of Child
12	Staff treated me with respect	Cultural Sensitivity for Parent of Child
13	Staff respected my family's religious/spiritual beliefs	Cultural Sensitivity for Parent of Child
14	Staff spoke with me in a way that I understood	Cultural Sensitivity for Parent of Child
15	Staff were sensitive to my cultural/ethnic background	Cultural Sensitivity for Parent of Child
16	My child is better at handling daily life	Outcomes for Parent of Child
17	My child gets along better with family members	Outcomes for Parent of Child
18	My child gets along better with friends and other people	Outcomes for Parent of Child
19	My child doing better in school and/or work	Outcomes for Parent of Child
20	My child better able to cope when things go wrong	Outcomes for Parent of Child
21	I am satisfied with our family life right now	Outcomes for Parent of Child
22	My child is better able to do things he or she wants to do	Functioning for Parent of Child
23	I know people who will listen and understand me when I need to talk	Social Connectedness for Parent of Child
24	I have people that I am comfortable talking with about my child's problems	Social Connectedness for Parent of Child
25	In a crisis, I would have the support I need from family or friends	Social Connectedness for Parent of Child
26	I have people with whom I can do enjoyable things	Social Connectedness for Parent of Child